

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ST. PAUL TRAVELERS INS CO.
1500 MARKET ST., STE 2900
PHILADELPHIA, PA 19102

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sharon Myatt

C. Date of Delivery

9/25

D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No

2:06 CV 830-ED
JLC 20

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540